



Acupuncture-Chiropractic-Massage Network - Pain Management Center, Inc.
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ELBOW EXAM FOR NEW COURSE OF CARE

EXAM DATE:

PATIENT:

Claim #:

PTP:

Chart #:

PTP Diagnosis:

DOI:

VISITS PRESCRIBED: ____Chiropractic ____Acupuncture ____Massage-4-units

Expiration Date:

Symptomatic Side: ☐ R ☐ L

Mechanism of Injury:

% of time: ☐ occasional 25% ☐ intermittent 50% ☐ frequent 75% ☐ constant 90-100%

Numerical Rating:____/10

Upper Extremity Functional Scale (80/80 = Maximum Function):____/80 Questionnaire Attached

Work Status: ☐ Full Duty ☐ TPD ☐ TTD ☐ PPD ☐ PTD ☐ Retired

Past & Current Treatments, Medications, Orthoses:

Provocative Testing

- ☐ (-) ☐ +R ☐ +L: Lateral Epicondylitis: Cozen's Test
- ☐ (-) ☐ +R ☐ +L: Medial Epicondylitis: Golfer's Elbow Test
- ☐ (-) ☐ +R ☐ +L: Ulnar collateral ligament (UCL): Valgus Stress Test
- ☐ (-) ☐ +R ☐ +L: Lateral collateral ligament (LCL): Varus Stress Test
- ☐ (-) ☐ +R ☐ +L: Resisted Motion Pain:
- ☐ (-) ☐ +R ☐ +L: Other:

ROM TESTIING

ELBOW	RIGHT	LEFT	ROM PAIN
Flexion	/140°	/140°	☐ R ☐ L
Extension	/0°	/0°	☐ R ☐ L
Pronation	/80°	/80°	☐ R ☐ L
Supination	/80°	/80°	☐ R ☐ L

Patient:
Date of Exam:

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Comorbidities/Prognostic Barriers

- ☐ Chronicity (≥ 3 months)
- ☐ Deconditioning/Low Physical Activity
- ☐ Widespread pain ☐ Pain Behaviors ☐ Work Psychosocial Factors ☐ Depression ☐ Anxiety
- ☐ Sleep Disturbance
- ☐ Medication Dependence
- ☐ Tobacco Use
- ☐ Overweight ☐ Diabetes ☐ Hypothyroid

Planned Therapies

- Manual ☐ Manipulation ☐ Myofascial Release ☐ Mobilization ☐ Massage ☐ Massage 4 units
- Exercise ☐ Strengthening ☐ Flexibility ☐ Cardio ☐ Proprioception ☐ Body Mechanics
- Modalities ☐ Electrical: _____ ☐ Thermal: _____
- ☐ Instrument Assisted Soft Tissue Therapy
- ☐ Acupuncture/Electroacupuncture
- ☐ Pain Education ☐ Lifestyle Advice ☐ Other: _____

Provider Name

Provider Signature

Upper Extremity Functional Scale

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention.
Please check (✓) an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

Activities	0 Extreme Difficulty Or Unable to Perform Activity	1 Quite a Bit of Difficulty	2 Moderate Difficulty	3 A Little Bit of Difficulty	4 No Difficulty
Any of your usual work, household, or school activities	☐	☐	☐	☐	☐
Your usual hobbies, recreational or sporting activities	☐	☐	☐	☐	☐
Lifting a bag of groceries to waist level	☐	☐	☐	☐	☐
Lifting a bag of groceries above your head	☐	☐	☐	☐	☐
Grooming your hair	☐	☐	☐	☐	☐
Pushing up on your hands (e.g., from bathtub or chair)	☐	☐	☐	☐	☐
Preparing food (e.g., peeling, cutting)	☐	☐	☐	☐	☐
Driving	☐	☐	☐	☐	☐
Vacuuming, sweeping, or raking	☐	☐	☐	☐	☐
Dressing	☐	☐	☐	☐	☐
Doing up buttons	☐	☐	☐	☐	☐
Using tools or appliances	☐	☐	☐	☐	☐
Opening doors	☐	☐	☐	☐	☐
Cleaning	☐	☐	☐	☐	☐
Tying or lacing shoes	☐	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐	☐
Laundering clothes (e.g., washing, ironing, folding)	☐	☐	☐	☐	☐
Opening a jar	☐	☐	☐	☐	☐
Throwing a ball	☐	☐	☐	☐	☐
Carrying a small suitcase (with your affected limb)	☐	☐	☐	☐	☐

Score _____/80